2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096209

Entity Name: DRAWDY SILVER MILL, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
802 2ND STREET NORTH, SUITE A SAFETY HARBOR, FL 34695	4301 HARBOR HOUSE DRIVE TAMPA, FL 33615

Current Mailing Address:	**New Mailing Address:**
802 2ND STREET NORTH, SUITE A SAFETY HARBOR, FL 34695	4301 HARBOR HOUSE DRIVE TAMPA, FL 33615

FEI Number: 20-3553839   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
SHEFMAN, MARGA 802 2ND STREET NORTH, SUITE A SAFETY HARBOR, FL 34695 US	DRAWDY, CELIA C 4301 HARBOR HOUSE DRIVE TAMPA, FL 33615 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CELIA C. DRAWDY   07/10/2006
_____   _____
Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete		Title:	MGRM (X) Change ( ) Addition
Name:	REAL ESTATE EXCHANGE, SERVICES, INC .		Name:	DRAWDY, CELIA C
Address:	802 2ND STREET NORTH, SUITE A		Address:	4301 HARBOR HOUSE DRIVE
City-St-Zip:	SAFETY HARBOR, FL 34695		City-St-Zip:	TAMPA, FL 33615

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CELIA C. DRAWDY   MGRM   07/10/2006
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date